**COVID-19**

**Source Control Measures and Physical Distancing**

**General Information**

**Source Control Measures and Social/Physical Distancing**

**Overview and General Information**

The spread of COVID-19 from the community and within the health center is challenging. With the number of residents living closely together and close contact of care givers even when outside visitation is limited, a higher risk exists for those who live in the building.

The Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS) have provided guidance to reduce the risk of COVID- 19 outbreaks, including the implementation of source control measures and social/physical distancing, which are important strategies that will assist to effectively mitigate these risks. Full adherence to these requirements are key steps in the strategies for re-opening health care facilities across the nation. Measures such as source control are “influenced by levels of SARS-CoV-2 transmission in the community. Community Transmission is the metric currently recommended to select practices in healthcare settings to allow for earlier intervention, before there is strain on the healthcare system and to better protect the individuals seeking care in these settings.”1

**Source Control Measures**

The Centers for Disease Control and Prevention (CDC) indicates, “Source control refers to use of respirators or well-fitting facemasks or cloth masks to cover a person’s mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.1 CDC also indicates that “People, particularly those at high risk for severe illness, should wear the most protective form of source control they can that fits well and that they will wear consistently.”1

The facility may offer well-fitting facemasks to visitors, as a source control option. If the visitor chooses to use a mask or respirator with a higher level of protection, they can choose those options as long as it is not visibly soiled.

Source control options for employees include:

* “A NIOSH-approved particulate respirator with N95 filters or higher;
* A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators (Note: these should not be used instead of a NIOSH-approved respirator when respiratory protection is indicated);
* A barrier face covering that meets ASTM F3502-21 requirements including Workplace Performance and Workplace Performance Plus masks; OR
* A well-fitting facemask.”1

In accordance with CDC and CMS guidance, it is recommended that all facilities should ensure that healthcare personnel (HCP) are using appropriate source control when indicated.

“When SARS-CoV-2 [Community Transmission](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk) levels are high, source control is recommended for everyone in a healthcare setting when they are in areas of the healthcare facility where they could encounter patients.

* HCP could choose not to wear source control when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms) if they do not otherwise meet the criteria described below and [Community Levels](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=CommunityLevels&null=CommunityLevels) are not also high. When [Community Levels](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=CommunityLevels&null=CommunityLevels) are high, source control is recommended for everyone.

When SARS-CoV-2 [Community Transmission](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk) levels are **not** high, healthcare facilities could choose not to require universal source control.  However, even if source control is not universally required, it remains recommended for individuals in healthcare settings who:

* Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
* Had [close contact](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#closecontact) (patients and visitors) or a [higher-risk exposure](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html) (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure; or
* Reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak; universal use of source control could be discontinued as a mitigation measure once no new cases have been identified for 14 days; or
* Have otherwise had source control recommended by public health authorities

Individuals might also choose to continue using source control based on personal preference, informed by their perceived level of risk for infection based on their recent activities (e.g., attending crowded indoor gatherings with poor ventilation) and their potential for developing severe disease.  For example, if an individual or someone in their household is at [increased risk for severe disease](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html), they should consider wearing masks or respirators that provide more protection because of better filtration and fit to reduce exposure and infection risk, even if source control is not otherwise required by the facility.  HCP and healthcare facilities might also consider using or recommending source control when caring for patients who are moderately to severely immunocompromised.”1

* Educate
	+ It is important to educate residents, visitors, vendors, and employees on the appropriate use of source control as well as hand hygiene.

**Physical/Social Distancing**

Physical distancing (social distancing) is “just one component of how to protect yourself and others. It is important to consider the risk in a particular setting, including local COVID-19 Community Levels and the important role of ventilation, when assessing the need to maintain physical distance.”2

The Centers for Medicare & Medicaid Services (CMS) indicates that, “During peak times of visitation and large gatherings (e.g., parties, events) facilities should encourage physical distancing.”3

Physical distancing is also important during an outbreak investigation. CMS indicates, “Also, visitors should physically distance themselves from other residents and staff, when possible.”3

CMS also indicates, “A resident who is unable to wear a mask due to a disability or medical condition may attend communal activities, however they should physically distance from others during large gatherings. If possible, facilities should educate the resident on the core principles of infection prevention, such as hand hygiene, physical distancing, cough etiquette, etc. and staff should provide frequent reminders to adhere to infection prevention principles.”3

Facilities can provide visual reminders (such as signs) to remind residents and visitors to maintain physical distancing when in large gatherings, perform hand hygiene and source control.

**Competencies which may be associated with Universal Source Control Measures include but are not limited to:**

* Understanding of Infection Control Practices which include COVID-19
* Program Development and Implementation for COVID-19 prevention and mitigation
* Proper use of Personal Protective Equipment
* Knowledge of proper hand hygiene practices
* Education regarding source control measures
* Communication skill and contact with outside infection control resources

**HCP Competencies in Source Control Measures include but are not limited to:**

* Knowledge of Infection Control Practices which include COVID-19
* Ability to properly follow proper hand hygiene practices
* Demonstration of ability to properly don and doff Personal Protective Equipment including proper use, removal, and storage of medical grade face masks
* Knowledge of the need for resident use of cloth facial coverings when in common areas and ability to assist residents with proper use
* Ability to remind residents of proper hand hygiene and assist with completion

**Suggestions for Resources may include but are not limited to:**

 The Centers for Medicare and Medicaid Services has provided several memos for health centers to refer to when planning programs to address facility responses to COVID-19. This guidance will need to be reviewed as it is updated frequently and will be helpful for the facility in collaboration with state, regional, and local officials to prevent outbreaks within the facility and to stay in compliance.

The Center for Disease Control has dedicated portions of its website to providing long term care providers with information on prevention of infection, development of programs related to COVID-19, and has a link to an Infection Preventionist training site to assist health center professionals to become better educated in this role.

State specific guidelines are available to assist the facility to follow regulations provided through their state.

**References and Resources**

1 Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic), Updated Sept. 23, 2022: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

**2** Centers for Disease Control and Prevention. CDC Streamlines COVID-19 guidance to help the public better protect themselves and understand their risk. August 11, 2022: <https://www.cdc.gov/media/releases/2022/p0811-covid-guidance.html>

3Centers for Medicare & Medicaid Services. QSO-20-39-NH, Nursing Home Visitation – COVID-19 (REVISED), 09/23/2022: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

# Centers for Disease Control and Prevention. Strategies for Optimizing the Supply of Facemasks. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

 Centers for Medicare & Medicaid Services. State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/docuent/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>

Centers for Medicare & Medicaid Services. Infection Prevention, Control & Immunizations Critical Element Pathway, CMS-20054 (10/26/2022): <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>